

**County of Los Angeles Quality and Productivity Commission
PRODUCTIVITY INVESTMENT FUND FINAL REPORT**

FINAL REPORT

Date	Grant/Loan Number	
Department		
Project Name		
DESCRIPTION OF ACTUAL PROGRAM IMPLEMENTATION (please provide advance notice to the Commission of any project launch dates or events, awards received, and provide copies of reports issued by the Department):		
RESULTS OF THE PROJECT (Programmatic and cost-savings/cost avoidance or revenue generated. If available, please include graphics, videos, and/or photos with your report):		
DESCRIPTION OF SERVICE ENHANCEMENT (How has this project improved core services)		
ACCOUNTING OF FUND EXPENDITURES (Based upon budget submitted when the project was approved)		
Total Grant Amount: \$	Total Loan Amount: \$	Total Withdrawn to Date: Total Principal Repaid to Date: Total Interest Repaid to Date:
Program Cost (Salaries and benefits; Services and Supplies; Fixed Assets; Other Charges) Total Program Cost: _____	Annual Cost Benefits: Please check one: ___ one time cost benefit ___ ongoing cost benefit Total estimated cost benefits in a 12-month period: <ul style="list-style-type: none"> Savings: _____ Cost Avoidance: _____ Revenue: _____ 	

Signature: _____
Productivity Manager Name:

Date

Signature: _____
Department Head Name:

Date